

| POSITION                  | INITIALS        | ID NO.        | DATE            |
|---------------------------|-----------------|---------------|-----------------|
| FEE DETERMINATION         | <i>JA</i>       | <i>7531</i>   |                 |
| O.I.P.E. CLASSIFIER       |                 | <i>43</i>     | <i>10/10/00</i> |
| FORMALITY REVIEW          | <i>C. Y. C.</i> | <i>TC 530</i> | <i>11-03-00</i> |
| RESPONSE FORMALITY REVIEW |                 |               |                 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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